

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30662

7590

04/20/2004

SCHACHT LAW OFFICE, INC. SUITE 202 2801 MERIDIAN STREET BELLINGHAM, WA 98225-2412



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Susie Hubka	(Depositor's name)
Ausie Hulika	(Signature)
July 9, 2004	(Date)
	7 81 81-21 44

Inc.

[APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/647,083	08/21/2003	Kevin Buchanan	P214293	1735

TITLE OF INVENTION: GATE SYSTEMS AND METHODS FOR REGULATING TIDAL FLOWS

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	07/20/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
LAGMAN, FRED	DERICK LYNDON	3673		405-096000	_	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3 Michael R. Schacht Law Office				
Number is required. ASSIGNEE NAME AND	O RESIDENCE DATA TO E		THE PATENT	Γ (print or type)		
Number is required. 3. ASSIGNEE NAME AND	an assignee is identified be d to the USPTO or is being EE	low, no assignee d submitted under se	THE PATENT ata will appea parate cover.		DUNTRY)	iate when an assignment h signment.
Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN Kevin Bucha	an assignee is identified be d to the USPTO or is being EE	low, no assignee d submitted under sej (B	THE PATENT ata will appea parate cover. B) RESIDENC Burli	T (print or type) ar on the patent. Inclusion of Completion of this form is NC CE: (CITY and STATE OR CO ngton, Washingt	DUNTRY)	
Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN Kevin Bucha	an assignee is identified be d to the USPTO or is being EE anan e assignee category or catego	low, no assignee d submitted under sej (B ories (will not be pri	THE PATENT ata will appea parate cover. B) RESIDENC Burli	F (print or type) ar on the patent. Inclusion of Completion of this form is NO E: (CITY and STATE OR CO ngton, Washingt atent); XXIndividual	on 98233	
Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN Kevin Bucha	an assignee is identified be d to the USPTO or is being EE anan e assignee category or catego	low, no assignee d submitted under sej (B ories (will not be pri	THE PATENT ata will apper parate cover.) RESIDENC Burli inted on the p	F (print or type) ar on the patent. Inclusion of Completion of this form is NO E: (CITY and STATE OR CO ngton, Washingt atent); XXIndividual	OUNTRY) On 98233 corporation or other private g	
Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN Kevin Bucha lease check the appropriate a. The following fee(s) are	an assignee is identified be do to the USPTO or is being EE anan assignee category or category enclosed:	low, no assignee d submitted under sej (B ories (will not be pri	THE PATENT ata will apper parate cover. RESIDENCE Burli inted on the p Payment of MA check in	Fee(s):	OUNTRY) On 98233 corporation or other private goodsed.	group entity 🔲 governme
Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN Kevin Buche lease check the appropriate a. The following fee(s) are	an assignee is identified bed to the USPTO or is being EE anan e assignee category or categorenclosed:	low, no assignee d submitted under sej (B ories (will not be pri	THE PATENT ata will apper parate cover. RESIDENC Burli inted on the p Payment of A check in	T (print or type) ar on the patent. Inclusion of Completion of this form is NCE: (CITY and STATE OR CONTROL WASHINGT patent); Windividual Fee(s): n the amount of the fee(s) is enough the control of the fee(s) is enough the control of the fee(s).	COUNTRY) On 98233 corporation or other private gradesed. 8 is attached. any def	roup entity U governme
Number is required. B. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN KEVIN BUCHE Please check the appropriate a. The following fee(s) are Description of the properties of th	an assignee is identified be do to the USPTO or is being EE anan e assignee category or categor enclosed: Copies 10	low, no assignee d submitted under sej (B ories (will not be pri 4b	THE PATENT ata will apper parate cover. RESIDENC Burli inted on the p Payment of A check in Payment t U Payment t U The Direc Deposit Acc	T (print or type) ar on the patent. Inclusion of Completion of this form is NOTE: (CITY and STATE OR COMPTON, Washingt patent); Yakindividual Fee(s): n the amount of the fee(s) is en	COUNTRY) On 98233 corporation or other private gracelesed. 8 is attached. any deficiency the required research and the control of the cont	iciences credit any overpayment, copy of this form).

(Authorized Signature)	(Date)		
Michael R. Schart	07/09/2004		
NOTE; The Issue Fee and Publication Fee (if required other than the applicant; a registered attorney or agen interest as shown by the records of the United States Pate	t or the assignee or other party		

This collection of information is required by 37 CFR 1.311. The information is required to This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/15/2004 GWORDOF2 00000006 10647083

665.00 OP 01 FC:2501 300.00 OP 02 FC:1504 30.00 OP 03 FC:8001